


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2005 08:00 AM
Secretary of State

DOCUMENT # N02000005951

1. Entity Name
OAKLAND PARK HISTORICAL SOCIETY, INC.



Principal Place of Business C/O RMS ACCOUNTING 2319 N ANDREWS AVENUE FORT LAUDERDALE, FL 33311	Mailing Address C/O RMS ACCOUNTING 2319 N ANDREWS AVENUE FORT LAUDERDALE, FL 33311
--	--



01192005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 13-4206740	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**ROYALE MANAGEMENT SERVICES, INC.
 2319 N ANDREWS AVENUE
 FORT LAUDERDALE, FL 33311**

DO NOT WRITE IN THIS SPACE

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SHROUT, RENEE M 666 NW 43 STREET OAKLAND PARK, FL 33309
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HENRY, FRED 315 NW 40 COURT OAKLAND PARK, FL 33309
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD POWELL, JOANNE 702 NE 33 STREET OAKLAND PARK, FL 33334
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000131362
 01/24/05-80170-022 61.25

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Joanne Powell TD, Joanne Powell 1/20/05 (954) 564-3416
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #